



**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
APPLICATION FOR TRAUMATIC BRAIN INJURY
ADVISORY COMMITTEE**

1. Name: _____
First Middle Last

2. Race/Ethnicity: ☐ Native American ☐ Asian/Pacific Islander ☐ African descent
☐ Latino/ Hispanic ☐ Caucasian ☐ Other: _____

3. Gender: ☐ Female ☐ Male

4. Highest degree/ Level of educational attainment: _____

5. Current Employment: (Title, Employer): _____

6. Please list any current or former membership or board position(s) you have held with other organizations: _____

7. As a member of the TBI Advisory Committee what do you wish to accomplish?

8. Briefly describe your personal/ professional experience with TBI.

9. Contact Information:

Street or P.O. Box Apartment # City State Zip

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Phone Number Fax Number E-mail

PLEASE RETURN THIS FORM TO:

Amanda Mangene
Department of Social Services
25 Sigourney Street
Hartford, CT 06106

Applications can also be submitted
via fax at **860.424.4960** and or e-mail at
Amanda.brown@po.state.ct.us